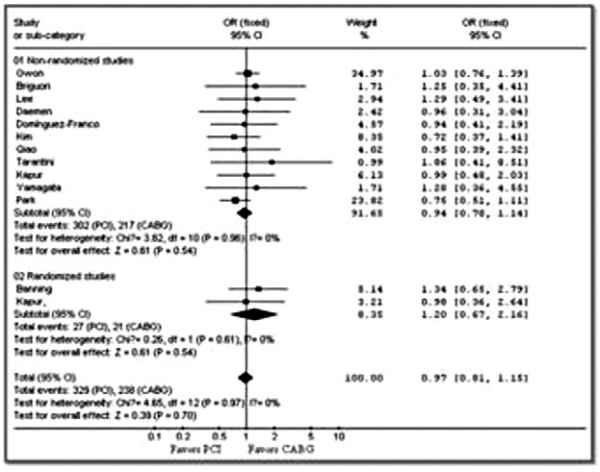
favor of DES implantation (OR 0.79, 95% CI 0.63 to 0.99, chi2 =1.07, p=0.04, I2 =0%).

Figure 1. Risk of all cause mortality in diabetic patients undergoing PCI versus CABG



Conclusions: Our study confirmed the cerebral vascular benefits of PCI by significantly reducing CVA risks, and the composite outcome was better in patients undergoing PCI with drug-eluting stent despite a higher repeat revascularization rate. It poses imperative demands for future prospective randomized studies to define the optimal strategy in patients with diabetes and left main and/or multivessel disease.

TCT-339

Comparison of 12-month Clinical Outcomes in Patients with Chronic Total Occlusion (CTO) Lesion between Diabetic and Non-Diabetic: A Multicenter Study of e-CTO Investigators

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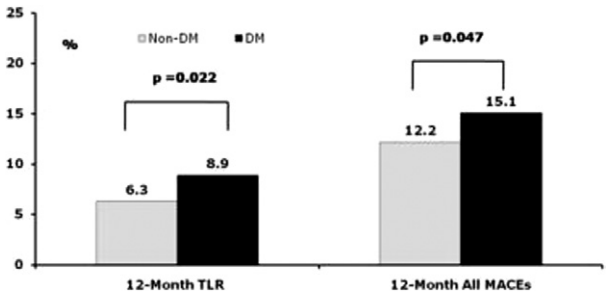
Background: The aim of this study is to compare the one year clinical outcomes in patients with chronic total occlusion (CTO) lesion between diabetic and non-diabetic.
Methods: A total 3890 patients (Age; 62.99 ± 11.04, Men; 74.1 %) with chronic total occlusion were analyzed. The patients were divided into a diabetic group (n = 2,579 patients) and a non-diabetic group (n = 1,401 patients).We evaluated the one year clinical outcomes including target lesion revascularization (TLR) and major adverse cardiac events (MACEs) between the two groups.
Results: One year after PCI, 319 All-MACEs were developed. TLR and All-MACEs was higher in diabetic group compared with that in non-diabetic group (respectively, 6.3 % vs. 8.9 %, p = 0.022 and 12.2 % vs. 15.1%, p = 0.047). In multivariate analysis, diabetic mellitus was an independent predictor for one year TLR (OR; 1.414, p=0.036) and All-MACEs (OR; 1.743, p=0.018).

Odds ratios of risk factors for 12-month TLR and All-MACEs in multivariate analysis.

	OR for 12-month TLR	p	OR ratio for 12-month All-MACEs	p
Age	0.999 (0.984-1.014)	0.887	0.993 (0.969-1.016)	0.948
Male	0.849 (0.591-1.220)	0.377	1.020 (0.564-1.843)	0.536
PCI Hx	0.916 (0.633-1.325)	0.641	0.859 (0.463-1.595)	0.631
HTN	1.012 (0.719-1.424)	0.946	0.839 (0.518-1.357)	0.474
CHF	1.836 (1.070-3.153)	0.028	1.050 (0.407-2.708)	0.920
DM	1.414 (1.023-1.953)	0.036	1.743 (1.102-2.758)	0.018



Conclusions: This study identified diabetic mellitus as an independent risk factor for one year TLR and All-MACEs in patients with CTO lesion.

TCT-340

Efficacy and Safety of Biodegradable Polymer Biolimus-Eluting Stents versus Durable Polymer Everolimus-Eluting Stents in Diabetic Patients - A Prospective Non-Randomized Single Center Long Term Comparison

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Background: Biodegradable polymer drug eluting stents improve safety and efficacy when compared to durable polymer drug eluting stents, but this may not be true in diabetic patients.
Methods: This prospective single center registry compared primary efficacy composite end point of cardiac death, myocardial infarction and clinically indicated target-lesion revascularization, primary safety end point defined as the rate of stent thrombosis and long term survival in diabetic patients (pts) receiving biodegradable polymer Biolimus-Eluting Stents (BES) or durable polymer Everolimus-Eluting Stents (EES).
Results: A total of 278 stents (133 BES and 145 EES) were implanted in 251 diabetic pts (179 males, 6% type 1 diabetes) aged 66±10 years who presented with Acute Coronary Syndrome (n=64, 25%) or stable angina (n=133, 53%). Multiple vessel disease was present in 63% pts. Vessels treated were 114 Left Anterior Descending, 76 Circumflex, 77 Right Coronary, 8 Left Main. Dual antiplatelet therapy was given for at least 12 months. Baseline clinical characteristics, cardiovascular risk factors, lesions location and classification were not statistically significantly different in the two groups receiving BES (Group 1, n=118 pts) and EES (Group 2, n=133 pts). At the end of the follow-up-period [median 19 (0-44) months], no statistically significant difference was found in the occurrence of the primary efficacy composite end point in the 2 groups (8.5% in Group 1 versus (vs) 12.3% in Group 2, p=0.65), nor in the occurrence of the primary safety end point (1.7% in Group 1 vs 1.8% in Group 2, p=0.22). There was no difference in cardiac death (2.5% in Group 1 vs 2.6% in Group 2, p=0.64), myocardial infarction (4.1% in Group 1 vs 3.6% in Group 2, p=0.42), target vessel revascularization (10% in Group 1 vs 11% in Group 2, p=0.95) and target lesion revascularization (7% in Group 1 vs 8% in Group 2, p=0.82). The overall survival (Kaplan Meyer) was not significantly different in both groups (log rank=0.53).
Conclusions: In conclusion, clinical efficacy and safety of new generation biodegradable polymer BES and durable polymer EES are similar in diabetic pts confirming that diabetes is an entity in terms of coronary artery disease.